

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

In re:  
Mary E. Sherbourne,  
Debtor

Bk. No.19-10021-BAH  
Chapter 13

**NOTICE TO ADDED CREDITORS**

A bankruptcy case concerning the debtor(s) listed above was filed on January 7, 2019. On February 3, 2019, the schedule or list of creditors filed by the debtor(s) was amended to include your name.

Among the documents attached to this notice is the Notice of Chapter 13 Bankruptcy Case provided to all creditors upon the filing of this case. The Notice of Chapter 13 Bankruptcy case has important information about the case for creditors, including information about the meeting of creditors and deadlines. Read both pages carefully. Because you were added as a creditor after the commencement of this case, the meeting of creditors may have been held, and deadlines listed may be close or have already expired. The deadlines applicable to you are listed below.

1. Claims.

☐ This is a no asset case. It is unnecessary to file a claim now. If it is determined there are assets to distribute, creditors will receive a notice setting a deadline to file claims.

or

☒ This is an asset case. The deadline to file a proof of claim is March 18, 2019.<sup>1</sup> A proof of claim form may be obtained at [www.uscourts.gov](http://www.uscourts.gov) or on the court's web site at [www.nhb.uscourts.gov](http://www.nhb.uscourts.gov).

2. Discharge. The deadline for filing a complaint objecting to the discharge of the debtor(s) and/or to have a debt declared non-dischargeable is April 8, 2019.<sup>2</sup>

3. Exemptions. The deadline to object to an exemption in property claimed by the debtor(s) is March 11, 2019.<sup>3</sup>

Any documents must be filed by the above-stated deadlines with the Clerk, United States Bankruptcy Court, Warren B. Rudman U.S. Courthouse, 55 Pleasant Street, Room 200, Concord, NH 03301.

Date: February 3, 2019

/s/William Bryk (BNH07686)  
Attorney or *Pro se* Debtor Signature  
William Bryk (BNH07686)  
Print Name  
Address: 444 Clinton Road  
Antrim NH 03440-3510  
Tel. No.: (603) 588-2168

<sup>1</sup> If the meeting of creditors has been held, extend the deadline seventy (70) days from the date of the amendment for the added creditor. Otherwise, enter the date from the Notice of Bankruptcy Case.

<sup>2</sup> If the meeting of creditors has been held, extend the deadline sixty (60) days from the date of the amendment for the added creditor in Chapter 7, 12, 13, or 11 personal bankruptcy cases only. Otherwise, enter the date from the Notice of Bankruptcy Case. Not applicable to business cases.

<sup>3</sup> If the meeting of creditors has been held, extend the deadline thirty (30) days from the date of the amendment for the added creditor in Chapter 7, 12, 13, or 11 personal bankruptcy cases only. Otherwise, enter the date from the Notice of Bankruptcy Case. Not applicable to business cases.

<b>Information to identify the case:</b>			
Debtor 1	<b>Mary E. Sherbourne</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court	District of New Hampshire Live Database		
Case number:	19-10021-BAH		
	Social Security number or ITIN	xxx-xx-9959	
	EIN	---	
	Social Security number or ITIN	---	
	EIN	---	
	Date case filed for chapter	13	January 7, 2019

**Official Form 309I****Notice of Chapter 13 Bankruptcy Case**

12/17

For the debtors listed above, a case has been filed under chapter 13 of the Bankruptcy Code. An order for relief has been entered.

**This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.**

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors, the debtors' property, and certain codebtors. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

Confirmation of a chapter 13 plan may result in a discharge. Creditors who assert that the debtors are not entitled to a discharge under 11 U.S.C. § 1328(f) must file a motion objecting to discharge in the bankruptcy clerk's office within the deadline specified in this notice. Creditors who want to have their debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office by the same deadline. (See line 13 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at [www.pacer.gov](http://www.pacer.gov)).

**The staff of the bankruptcy clerk's office cannot give legal advice.**

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the court.

	About Debtor 1:	About Debtor 2:
1. Debtor's full name	Mary E. Sherbourne	
2. All other names used in the last 8 years	fka Mary E. Wardman	
3. Address	111 Old Pound Road Antrim, NH 03440	
4. Debtor's attorney Name and address	William Bryk 444 Clinton Road Antrim, NH 03440-3510	Contact phone (603) 588-2168 Email: <a href="mailto:wmbryk@gmail.com">wmbryk@gmail.com</a>
5. Bankruptcy trustee Name and address	Lawrence P. Sumski Trustee 1000 Elm Street 10th Floor Manchester, NH 03101	Contact phone (603) 626-8899 Email: <a href="mailto:SumskiCh13@gmail.com">SumskiCh13@gmail.com</a>
6. Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at <a href="http://www.pacer.gov">www.pacer.gov</a> .	55 Pleasant Street Room 200 Concord, NH 03301-3941	Hours open: 8:30am-4:30pm Contact phone 603-222-2600 Date: January 8, 2019

For more information, see page 2



Case number 19-10021-BAH

James C. Cleveland Federal Building, 53  
Pleasant Street, Room 3124, Concord, NH  
03301

The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.

**\*Please bring a valid photo ID and enter through the adjacent Warren B. Rudman Courthouse\***

**Filing deadline: April 8, 2019**

**Filing deadline: March 18, 2019**

**Filing deadline: July 8, 2019**

**Filing deadline:** 30 days after the conclusion of the meeting of creditors

Confirmation of a chapter 13 plan may result in a discharge of debts, which may include all or part of a debt. However, unless the court orders otherwise, the debts will not be discharged until all payments under the plan are made. A discharge means that creditors may never try to collect the debt from the debtors personally except as provided in the plan. If you want to have a particular debt excepted from discharge under 11 U.S.C. § 523(a)(2) or (4), you must file a complaint and pay the filing fee in the bankruptcy clerk's office by the deadline. If you believe that the debtors are not entitled to a discharge of any of their debts under 11 U.S.C. § 1328(f), you must file a motion by the deadline.

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

In re:  
Mary E. Sherbourne,  
Debtor

Bk. No.19-10021-BAH  
Chapter 13

**AMENDMENT COVER SHEET**

An amendment to the following petition, lists, schedules or statements is transmitted herewith:

☐ Voluntary Petition  
☐ Statement About Your Social Security Number<sup>1</sup>  
☐ Statement of Financial Affairs  
☐ Schedule A/B – Property<sup>2</sup>  
☐ Schedule C – Property You Claim as Exempt  
☐ Schedule D – Creditors Who Have Claims Secured by Property<sup>2,3</sup>  
☒ Schedule E/F – Creditors Who Have Unsecured Claims<sup>2,3</sup>  
☐ Schedule G – Executory Contracts and Unexpired Leases  
☐ Schedule H – Co-Debtors  
☐ Schedule I – Your Income<sup>2,4</sup>  
☐ Schedule J – Your Expenses<sup>2,4</sup>  
☐ Form 122A-1 (Chapter 7 Statement of Your Current Monthly Income)<sup>2</sup>  
☐ Form 122A-1Supp (Statement of Exemption from Presumption of Abuse Under § 707(b)(2))  
☐ Form 122A-2 (Means Test Calculation)  
☐ Form 122B (Chapter 11 Statement of Your Current Monthly Income)<sup>2</sup>  
☐ Form 122C-1 (Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period)<sup>2</sup>  
☒ Form 122C-2 (Chapter 13 Calculation of Your Disposable Income)  
☒ Summary of Assets and Liabilities  
☐ List of Creditors<sup>3</sup>  
☐ Statement of Intention for Individuals Filing Under Chapter 7  
☐ List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders in Chapter 9 or 11 Cases  
☐ Disclosure of Compensation of Attorney for Debtor  
☐ Other [Please specify: \_\_\_\_\_]

In connection with the filing of this amendment, I acknowledge that I have read and understood the terms of *LBR 1009-1*.

Date: February 3, 2019

/s/William Bryk (BNH07686)  
Attorney or *Pro se* Debtor Signature  
William Bryk (BNH07686)  
Print Name  
Address: 444 Clinton Road  
Antrim NH 03440-3510  
Tel. No.: (603) 588-2168

<sup>1</sup> Amendment of the debtor's Social Security number requires that an amended *LBF 5005-4* or Official Bankruptcy Form 121 — Statement About Your Social Security Numbers be submitted to the clerk's office, in addition to the filing of the amendment. The amendment must comply with the final four digit Social Security number requirement of Bankruptcy Rule 1005, while the copy mailed to affected parties must list the complete Social Security number.

<sup>2</sup> Attach Summary of Assets and Liabilities.

<sup>3</sup> Fee submitted for Amendment to Schedules D, E/F or the List of Creditors. *No fee is required to change the address of a creditor or to add the name and address of an attorney for a listed creditor.*

<sup>4</sup> Any amendment to Schedule I requires an amendment to Schedule J. Schedule I must always be filed with any amendment to Schedule J.



Fill in this information to identify your case:

Debtor 1	Mary E. Sherbourne		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Hampshire			
Case number (If known)	19-10021		

☒ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

2.2

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor 1

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First Name Middle Name Last Name

Case number (if known)

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**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

Bank of America

4.1

Total claim

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.

Number Street

100 North Tryon Street

Charlotte

NC

28255

City

State

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 4918

When was the debt incurred? 11/22/2017

\$ 14,739.36

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Credit Card Debt

4.2

Central Financial Control

Nonpriority Creditor's Name

Attn: Collection Dept.

Number Street

PO Box 660873

Dallas

TX

75266-0873

City

State

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 2124,1170,5962

When was the debt incurred? 06/2017

\$ 595.31

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Medical Services

4.3

Concord Hospital

Nonpriority Creditor's Name

Attn: Patient Accounts

Number Street

250 Pleasant Street

Concord

NH

03301-7539

City

State

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred? 12/2017

\$ 20.00

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Medical Services



Debtor 1

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**4.4 Concord Hospital Family Health Center****Total claim**

Nonpriority Creditor's Name

Attn: Patient Accounts

Number Street  
15 Antrim Road

Hillsboro

NH

03244

City

State

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

When was the debt incurred?

\$ Unknown

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Services

**4.5 DIRECTV**

Nonpriority Creditor's Name

Attn: Collection Dept.

Number Street  
PO Box 6550

Greenwood Village

CO

80155-6550

City

State

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

When was the debt incurred? 12/2017

\$ 150.00

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Cable / Satellite Services

**4.6 Dartmouth-Hitchcock**

Nonpriority Creditor's Name

1 Medical Center Drive

Number Street

Lebanon

NH

03756

City

State

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number 8362

When was the debt incurred? 03/6/2018

\$75.94

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Services

Debtor 1

First Name Middle Name Last Name

Case number (if known)

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
<b>4.7</b>	<b>Enterprise Rent-a-Car</b> Nonpriority Creditor's Name Attn: Accts Receivable Number Street 10 Navigator Road  Londonderry NH 03053 City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2N5G</u> When was the debt incurred? <u>11/2017</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>160.19</u>
<b>4.8</b>	<b>Eversource</b> Nonpriority Creditor's Name Attn: Bankruptcy Dept. Number Street PO Box 650047 Dallas TX 75266-0047 City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1087</u> When was the debt incurred? <u>12/2017</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility Services	\$ <u>199.22</u>
<b>4.9</b>	<b>Fingerhut</b> Nonpriority Creditor's Name Attn: Billing Dept. Number Street 6250 Ridgewood Road Saint Cloud MN 56303 City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? <u>12/2017</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors	\$ <u>300.00</u>



**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
<b>4.10</b>	HCS Preferred Care			
Nonpriority Creditor's Name		Last 4 digits of account number		
Attn: Patient Accounts		E440		\$ 17.90
Number Street		When was the debt incurred?		
PO Box 564				
Keene NH 03431		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>4.11</b>	Monadnock Community Hospital			
Nonpriority Creditor's Name		Last 4 digits of account number		
Attn: Patient Accounts		7000		\$ 183.60
Number Street		When was the debt incurred?		
452 Old Street Road		04/2017		
Peterborough NH 03458		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>4.12</b>	Monadnock Community Hospital			
Nonpriority Creditor's Name		Last 4 digits of account number		
452 Old Street Road		0001		\$ 121.25
Number Street		When was the debt incurred?		
Peterborough NH 03458		04/11/2018		
City State ZIP Code		As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services		

Debtor 1

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<b>4.13</b>	Monadnock Community Hospital	Total claim	
Nonpriority Creditor's Name		Last 4 digits of account number <u>0001</u>	
PO Box 746		\$ <u>112.76</u>	
Number _____ Street _____		When was the debt incurred? <u>04/11/2018</u>	
Nashua NH 03061		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>4.14</b>	Monadnock Community Hospital	Total claim	
Nonpriority Creditor's Name		Last 4 digits of account number <u>7000</u>	
Attn: Patient Accounts		\$ <u>230.60</u>	
PO Box 746		When was the debt incurred? <u>08/2017</u>	
Number _____ Street _____		As of the date you file, the claim is: Check all that apply.	
Nashua NH 03061		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City State ZIP Code		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>4.15</b>	Monadnock Community Hospital	Total claim	
Nonpriority Creditor's Name		Last 4 digits of account number <u>0001</u>	
PO Box 746		\$ <u>24.60</u>	
Number _____ Street _____		When was the debt incurred? <u>05/09/2018</u>	
Nashua NH 03061		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



Debtor 1

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
<b>4.16</b>	<p><b>New England Wireless</b></p> <p>Nonpriority Creditor's Name _____</p> <p>Attn: Collection Dept.</p> <p>Number _____ Street _____</p> <p>276 West Main Street</p> <p>Hillsboro NH 03244</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6752</u></p> <p>When was the debt incurred? <u>03/2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Telephone / Internet services</p>
<b>4.17</b>	<p><b>New Hampshire Derm Clinic PLLC</b></p> <p>Nonpriority Creditor's Name _____</p> <p>454 Old Street Road</p> <p>Number _____ Street _____</p> <p>Suite 302</p> <p>Newton MA 02458</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>893</u></p> <p>When was the debt incurred? <u>10/26/2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Services</p>
<b>4.18</b>	<p><b>North Meadow Family Health</b></p> <p>Nonpriority Creditor's Name _____</p> <p>Attn: Patient Accounts</p> <p>Number _____ Street _____</p> <p>154 Hancock Rd, Rt 202 North</p> <p>Peterborough NH 03458</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Services</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
<b>4.19</b>	<b>Rymes Propane &amp; Oil</b>		
Nonpriority Creditor's Name		Last 4 digits of account number	
Attn: Consumer Bankruptcy		2994	\$218.64
Number Street		When was the debt incurred?	
PO Box 2948		12/2017	
Concord	NH	03302-2948	
City	State	ZIP Code	
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>4.20</b>	<b>Strata Pathology Services</b>		
Nonpriority Creditor's Name		Last 4 digits of account number	
Attn: Collection Dept.		6288	\$30.28
Number Street		When was the debt incurred?	
PO Box 417436		11/2017	
Boston	MA	02241-7436	
City	State	ZIP Code	
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>4.21</b>	<b>TDS Telecom</b>		
Nonpriority Creditor's Name		Last 4 digits of account number	
Attn: Collection Dept.			\$400.00
Number Street		When was the debt incurred?	
PO Box 94510		12/2017	
Palatine	IL	60094	
City	State	ZIP Code	
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			



Debtor 1

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<b>4.22</b> U.S. Cellular Nonpriority Creditor's Name Attn: Billing Dept. Number Street Dept. 0205  Palatine IL 60055-0205 City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1307 When was the debt incurred? 06/2017  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Telephone / Internet services	<b>Total claim</b> \$ 253.01
---	--	---------------------------------

Nonpriority Creditor's Name Number Street  City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred?  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$
---	--	----

Nonpriority Creditor's Name Number Street  City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred?  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$
---	--	----

Debtor 1

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Balanced Healthcare Receivables Collection Dept.

Name

164 Burke Street

Number Street

Suite 201

Nashua

NH

03060

City

State

ZIP Code

Balanced Healthcare Receivables Collection Dept.

Name

164 Burke Street

Number Street

Suite 201

Nashua

NH

03060

City

State

ZIP Code

Convergent Outsourcing Inc.

Name

800 SW 39th Street

Number Street

PO Box 9004

Renton

WA

98057

City

State

ZIP Code

Dartmouth Hitchcock Patient Accounts

Name

1 Medical Center Drive

Number Street

Lebanon

NH

03756

City

State

ZIP Code

Law Offices Howard Lee Schiff, PC, Attn: Karen J. Wisniewski,

Name

PO Box 280245

Number Street

East Hartford

CT

06128

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8590

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 2865

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 0124

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8824

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 0071

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number



Debtor 1

First Name Middle Name Last Name

Case number (if known)

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims  
from Part 1

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 0.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 0.00

Total claim

Total claims  
from Part 2

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 18,090.19

6j. Total. Add lines 6f through 6i.

6j. \$ 18,090.19

Total claim

## Fill in this information to identify your case:

Debtor 1	Mary E. Sherbourne		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Hampshire			
Case number	19-10021		
	(If known)		

☒ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

## Your assets

Value of what you own

## 1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 144,700.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 243,849.96
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 388,549.96

## Part 2: Summarize Your Liabilities

## Your liabilities

Amount you owe

## 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$ 134,911.21
---	---------------

## 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$ 18,090.19

Your total liabilities

\$ 153,001.40

## Part 3: Summarize Your Income and Expenses

## 4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	\$ 1,273.00
---	-------------

## 5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	\$ 2,130.64
---	-------------



Debtor 1

Mary E. Sherbourne

First Name

Middle Name

Last Name

Case number (if known) 19-10021

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 0.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**Total claim**From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$ 0.00

Case No. 19-10021-BAH  
UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

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In re:

MARY E. SHERBOURNE  
f/k/a MARY E. WARDMAN  
111 Old Pound Road  
Antrim NH 03440  
SSN: xxx-xx-9959  
Chapter 13


---

Debtor.

SUPPLEMENT TO THE LIST OF CREDITORS

WILLIAM BRYK, Attorney for the Creditor, pursuant to LBR 1009 -1 (c) (4), herewith submits a supplement to the list of creditors that includes the names and addresses of the creditors added, which supplement conforms to the requirements of LBR 1007-2.

Dated: Antrim, New Hampshire  
February 5, 2019

  
WILLIAM BRYK (BNH07686)  
Attorney for the Debtor  
444 Clinton Road  
Antrim NH 03440-3510  
Telephone: (603) 588-2168  
Email: wmbryk@gmail.com

Dartmouth-Hitchcock  
1 Medical Center Drive  
Lebanon NH 03756

Harmon Law Offices, P.C.  
150 California Street  
Newton MA 02358

Hillsborough County Sheriff's Office: Attn: D  
329 Mast Road  
Suite 109  
Goffstown NH 03045



Hillsborough Superior Court North: Attn: Dock  
300 Chestnut Street  
Manchester NH 03101

Internal Revenue Service  
80 Daniel Street  
PO Box 9502  
Portsmouth NH 03802

Monadnock Community Hospital  
PO Box 746  
Nashua NH 03061

New Hampshire Derm Clinic PLLC  
454 Old Street Road  
Suite 3092  
Newton MA 02458

Town of Antrim: Attn: Tax Collector  
66 Main Street  
PO Box 517  
Antrim NH 03440

Welts, White & Fontaine, P.C.  
29 Factory Street  
PO Box 507  
Nashua NH 03061

Case No. 19-10021-BAH  
UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

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In re:

MARY E. SHERBOURNE  
f/k/a MARY E. WARDMAN  
111 Old Pound Road  
Antrim NH 03440  
SSN: xxx-xx-9959  
Chapter 13


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Debtor.

CERTIFICATE OF SERVICE

WILLIAM BRYK, Attorney for the Creditor, pursuant to LBR 1009 -1 (c) (5), herewith submits this certificate of service stating that notice to the following creditors added has been given as required by Bankruptcy Rule 1009 and LBR 1009-1(f).

Dated: Antrim, New Hampshire  
February 5, 2019

  
WILLIAM BRYK (BNH07686)  
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Antrim NH 03440-3510  
Telephone: (603) 588-2168  
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Dartmouth-Hitchcock  
1 Medical Center Drive  
Lebanon NH 03756

Harmon Law Offices, P.C.  
150 California Street  
Newton MA 02358

Hillsborough County Sheriff's Office: Attn: D  
329 Mast Road  
Suite 109  
Goffstown NH 03045



Hillsborough Superior Court North: Attn: Dock  
300 Chestnut Street  
Manchester NH 03101

Internal Revenue Service  
80 Daniel Street  
PO Box 9502  
Portsmouth NH 03802

Monadnock Community Hospital  
PO Box 746  
Nashua NH 03061

New Hampshire Derm Clinic PLLC  
454 Old Street Road  
Suite 3092  
Newton MA 02458

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